

K – METABOLIC DISEASES

To be completed by the physician and reviewed in person with the applicant with diabetes.

Yes	No	
<input type="radio"/>	<input type="radio"/>	Is there a diagnosis of diabetes mellitus? Type(s) of driving: <input type="radio"/> local only <input type="radio"/> inter-city <input type="radio"/> inter-provincial <input type="radio"/> international
<input type="radio"/>	<input type="radio"/>	Is the applicant employed?
<input type="radio"/>	<input type="radio"/>	Have you attended a formal diabetes education program? If "yes", please indicate year _____ <i>Please provide proof of attendance.</i> Type of diabetes: <input type="radio"/> Type I <input type="radio"/> Type II Treatment? <input type="radio"/> diet only <input type="radio"/> insulin <input type="radio"/> oral medication
<input type="radio"/>	<input type="radio"/>	Are you knowledgeable about diabetes, including the effect of diet, physical activity, insulin dose and alcohol on your blood glucose levels?
<input type="radio"/>	<input type="radio"/>	Are you willing and able to eat on a regular basis at appropriate times (meals and snacks) before operating a motor vehicle and when on the road?
<input type="radio"/>	<input type="radio"/>	Are you willing and able to accurately check capillary sugars on a regular basis, before operating a motor vehicle and approximately every four hours when on the road?
<input type="radio"/>	<input type="radio"/>	Are you willing to stop driving and eat when glucose level is less than 6 mmol/l?
<input type="radio"/>	<input type="radio"/>	Are you willing to discuss any problems about diabetes or hypoglycemia (low blood sugar reactions) with your doctor?
<input type="radio"/>	<input type="radio"/>	Are you able to recognize warning symptoms of hypoglycemia and take appropriate action?
<input type="radio"/>	<input type="radio"/>	Are you willing to have a source of glucose (sugar) immediately available at all times when on the road?
<input type="radio"/>	<input type="radio"/>	Are you subject to "hypoglycemic unawareness" (severe low blood sugar reaction without warning which results in confusion, unconsciousness or convulsions, and which requires intervention by another person)?
		If "yes", indicate frequency? _____
		When was the last episode?

K – METABOLIC DISEASES *(continued)*

Please describe how the last episode happened and the circumstances at the time:

Yes ☐ No ☐ Are you willing to review your driving schedule with your doctor to make sure it is compatible with your meal plan and your insulin regimen?

PART 4 – RECOMMENDATIONS RESPECTING MEDICAL FITNESS TO OPERATE A MOTOR VEHICLE

Date of examination _____

How long has the applicant been your patient? _____

As a result of this examination, I recommend the following:

- ☐ Issue the class of licence applied for without restriction.
- ☐ Do not issue licence without further medical examination.
- ☐ Do not issue licence without driver's examination.
- ☐ The applicant is not medically fit to drive any class of vehicle.
- ☐ Issue a Class 5 licence only.

Please enclose any reports or comments you feel appropriate.

[illegible]

Physician's signature

Print physician's name _____

Address _____

Postal code _____

Telephone () _____

Facsimile () _____

- ☐ Family physician, or
☐ Certified specialist in _____



Driver's Medical Certificate

Transportation and Public Works, Highway Safety Division

PO Box 2000, Charlottetown, PE C1A 7N8
Tel: 902 368 5210
Fax: 902 368 5236

PO Box 2063, Summerside, PE C1N 5L2
Tel: 902 432 2714
Fax: 902 888 8306

This certificate is to be used to record the results of a medical examination by a physician on behalf of an application for a driver's licence issued pursuant to the *Highway Traffic Act* and Regulations.

Pursuant to Section 70(6) of the *Highway Traffic Act*, the Registrar may, before issuing a driver's licence, or anytime after he has issued the licence to the person, require the person to undergo a medical examination and produce a certificate on such form as the Registrar may provide to determine whether the person is physically and mentally competent to operate a motor vehicle or any class of motor vehicle.

In determining whether or not a person is medically fit to operate a motor vehicle, the Registrar and Highway Safety Medical Review Board shall apply the standards set out in the most recent edition of the Medical Standards for Drivers manual published by the Canadian Council of Motor Transport Administrators.

Important Note: The costs associated with the completion of this report are the responsibility of the driver/patient.

Personal information on this form is collected under Sections 13 and 70 of Prince Edward Island's *Highway Traffic Act* and will be used for the purposes of the issuance of driver and/or vehicle permit(s) to the applicant. Information which is collected, as it relates to and is necessary for the operation of a Single Window Access Technology system, will be used, pursuant to Section 31 (C) of the *Freedom of Information and Protection of Privacy Act*, in the provision of government programs and services to the applicant. If you have any questions about this collection of personal information, you may contact the Department of Transportation and Public Works, Registrar of Motor Vehicles, PO Box 2000, Charlottetown, PE C1A 7N8 – Telephone: (902) 368-5223.

PART I – DRIVER/PATIENT INFORMATION

Name _____ Driver's Licence # _____

Address _____ Date of Birth _____

_____ Telephone (home) () _____

Postal Code _____ (work) () _____

Reason _____

Issuing Person _____ Date _____

This certificate is submitted in support of my application to obtain or retain the following class of driver's licence.

Class 1 ○ (tractor-trailer)	Class 2 ○ (bus/school bus)	Class 3 ○ (straight truck)	Class 4 ○ (ambulance/bus/taxi)	Class 5 ○ (passenger car/light truck)
Class 6 ○ (motorcycle)	Class 7 ○ (instruction permit)	Class 8 ○ (moped)	Class 9 ○ (farm tractor)	Other ○ Specify:

Driver's Certificate of Information and Release for Physician to Report Medical Information

I certify that the foregoing information is, to the best of my knowledge, correct.

Signature of Driver/Patient

Date

COMMERCIAL VEHICLE DRIVERS

Effective March 31, 1999, Canadian commercial vehicle drivers will no longer be required to carry a medical card for inspection by US officials as proof of medical fitness. Canada and the US have agreed to the following prohibitions:

1. Insulin-dependent diabetics will not be qualified to operate in the US.
2. Hearing-impaired drivers in Canada who do not meet the US standard will not be qualified to operate a commercial vehicle in the US.
3. Canadian drivers who have a diagnosis of epilepsy will not be qualified to operate a commercial vehicle in the US.

PART 2 – VISION

A – VISUAL ACUITY

Highway Safety/Access PEI First Reading	Physician’s/Optometrist’s Initial Findings
Right eye 20/_____	Right eye 20/_____
Left eye 20/_____	Left eye 20/_____
Both eyes 20/_____	Both eyes 20/_____
Initials _____	Date _____

Highway Safety/Access PEI Second Reading	Physician’s/Optometrist’s New Findings
Right eye 20/_____	Right eye 20/_____
Left eye 20/_____	Left eye 20/_____
Both eyes 20/_____	Both eyes 20/_____
Initials _____	Date _____

B – FIELD OF VISION – Optometrist/Ophthalmologist

Yes <input type="radio"/>	No <input type="radio"/>	(a)	For classes 5, 6, 7, 8 and 9, is field less than 120° with both eyes open and examined together? or
<input type="radio"/>	<input type="radio"/>	(b)	For classes 1, 2, 3 and 4, is field less than 150° with both eyes open and examined together?
<input type="radio"/>	<input type="radio"/>		Colour blindness? (cannot accurately identify red, green and amber)
<input type="radio"/>	<input type="radio"/>		Abnormal depth perception? (binocular vision)
<input type="radio"/>	<input type="radio"/>		Diseases of the eye? If “yes”, please explain _____

<input type="radio"/>	<input type="radio"/>		Progressive defects? At what length of time, in your opinion, might such defects have progressed to a point where re-examination would be indicated in the interest of highway safety?

Based upon my examination, it is my decision that the visual performance of the above applicant IS (☐) IS NOT (☐) adequate to operate a motor vehicle with due regard for public safety.

Please indicate if a new prescription is required.
Yes ☐ No ☐

- ☐ General Practitioner
- ☐ Ophthalmologist
- ☐ Optometrist

Signature _____

Date _____

PART 3 – MEDICAL HISTORY/PHYSICAL EXAMINATION

A – SUBSTANCE ABUSE

Yes <input type="radio"/>	No <input type="radio"/>	Is there a diagnosis of chronic abuse or dependence on alcohol or other substance?
If “yes”, please specify _____		

<input type="radio"/>	<input type="radio"/>	If “yes”, is the problem under control?
<input type="radio"/>	<input type="radio"/>	If “yes”, has control been maintained for the last 12 months?

B – PRESCRIPTION DRUG(S)/MEDICATION(S)

Yes <input type="radio"/>	No <input type="radio"/>	Is the patient taking any drug(s)/ medication(s) that would cause impairment of driving ability?
If “yes”, please identify drug(s) (name and dosage) _____		

C – CEREBROVASCULAR DISEASES

Is there a current history or evidence of:

Yes <input type="radio"/>	No <input type="radio"/>	Cerebrovascular accidents including TIAs
<input type="radio"/>	<input type="radio"/>	Aortic aneurysm
<input type="radio"/>	<input type="radio"/>	Cerebral aneurysm
<input type="radio"/>	<input type="radio"/>	Peripheral arterial vascular disease
<input type="radio"/>	<input type="radio"/>	Diseases of the veins
<input type="radio"/>	<input type="radio"/>	Hospitalizations, if any, within the last five years for any conditions?

D – HEARING LOSS

Yes <input type="radio"/>	No <input type="radio"/>	Is there any significant degree of hearing loss? If “yes”, and the applicant is a commercial driver, please provide decibel reading.

E – MENTAL DISORDERS

Yes <input type="radio"/>	No <input type="radio"/>	Is there a current history or evidence of cognitive disorders (dementias)?
<input type="radio"/>	<input type="radio"/>	If “yes”, is judgment impaired sufficiently to affect driver’s abilities?
<input type="radio"/>	<input type="radio"/>	Is there a current history or evidence of an emotional disorder likely to severely affect judgment or psychomotor ability?

F – DISEASES OF THE NERVOUS SYSTEM

Yes <input type="radio"/>	No <input type="radio"/>	Is there a recent history of single unexplained or recurrent syncopal episodes? If “yes”, please provide satisfactory neurological and cardiovascular assessments.
<input type="radio"/>	<input type="radio"/>	Is there a history of seizures within the past 10 years? If “yes”, when was the most recent seizure? _____
<input type="radio"/>	<input type="radio"/>	Was this a case of unprovoked seizure?
<input type="radio"/>	<input type="radio"/>	Is there a normal neurological assessment with an EEG revealing no epileptiform activity?
<input type="radio"/>	<input type="radio"/>	Is medication required to maintain seizure control? Dosage _____
<input type="radio"/>	<input type="radio"/>	Have medications been discontinued on physician's advice? If “yes”, when? _____
<input type="radio"/>	<input type="radio"/>	Is there a history of other disease of the nervous system? (Narcolepsy, sleep apnea, vestibular disorders, disorders of coordination and muscle control, head injury, or intracranial tumour, etc.)
If “yes”, please explain _____		

(Attach neurologist’s report.)

G – MUSCULOSKELETAL DISABILITIES

Yes <input type="radio"/>	No <input type="radio"/>	Is there evidence of musculoskeletal condition such as amputation, arthritis, disease of the spine etc. likely to impair ability to operate a motor vehicle safely?
If “yes”, please explain _____		

H – CARDIOVASCULAR DISEASES

Yes <input type="radio"/>	No <input type="radio"/>	Coronary artery disease Myocardial infarction If “yes”, date of last attack _____
Please explain _____		
<input type="radio"/>	<input type="radio"/>	Heart transplant

If “yes” to any of the above, what is the “**functional classification**” (Canadian Cardiovascular Society)?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> CCS Class 1 | <input type="radio"/> CCS Class 2 |
| <input type="radio"/> CCS Class 3 | <input type="radio"/> CCS Class 4 |

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Congestive heart failure |
| <input type="radio"/> | <input type="radio"/> | Cardiac arrhythmia |
| <input type="radio"/> | <input type="radio"/> | Valvular heart disease |
| <input type="radio"/> | <input type="radio"/> | Cardiomyopathy |
| <input type="radio"/> | <input type="radio"/> | Mitral valve prolapse |
| <input type="radio"/> | <input type="radio"/> | Abnormal blood pressure
(Attach stress tests if applicable.) |

I – RESPIRATORY DISEASES

Yes <input type="radio"/>	No <input type="radio"/>	Is there a current history or evidence of moderate or severe respiratory impairment?
Blood Pressure	Height	Weight

J – PSYCHIATRIC DISORDERS

Yes <input type="radio"/>	No <input type="radio"/>	Is there a current history or evidence of a personality disorder manifesting in antisocial, erratic or aggressive behaviour? If “yes”, has there been a favourable psychiatric assessment? <i>Please enclose if available.</i>
<input type="radio"/>	<input type="radio"/>	Is there a current history or evidence of psychotic illness?
<input type="radio"/>	<input type="radio"/>	If “yes”, is judgment impaired sufficiently to affect driver’s abilities?